

Name
in
Full

CERTIFICATE OF DEATH

Mazie Augusta Brooks,

MARYLAND

Died at *Oliver* ^{Town} *Calver* ^{County}

Date of death 1908 June 20 Age 4 Months 4 Days 2

Sex Female Color or Race Black Birth-place Oliver Md

Occupation minor - Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Thomas B Brooks

Father's Birthplace Oliver Md

Mother's Maiden Name Eliza R. Bishop

Mother's Birthplace St Leonard's Md

Name of person giving information Thos B Brooks

How related to deceased Father

CAUSES OF DEATH

4

Primary Malarial Fever. How long 2 weeks.

Immediate

How long

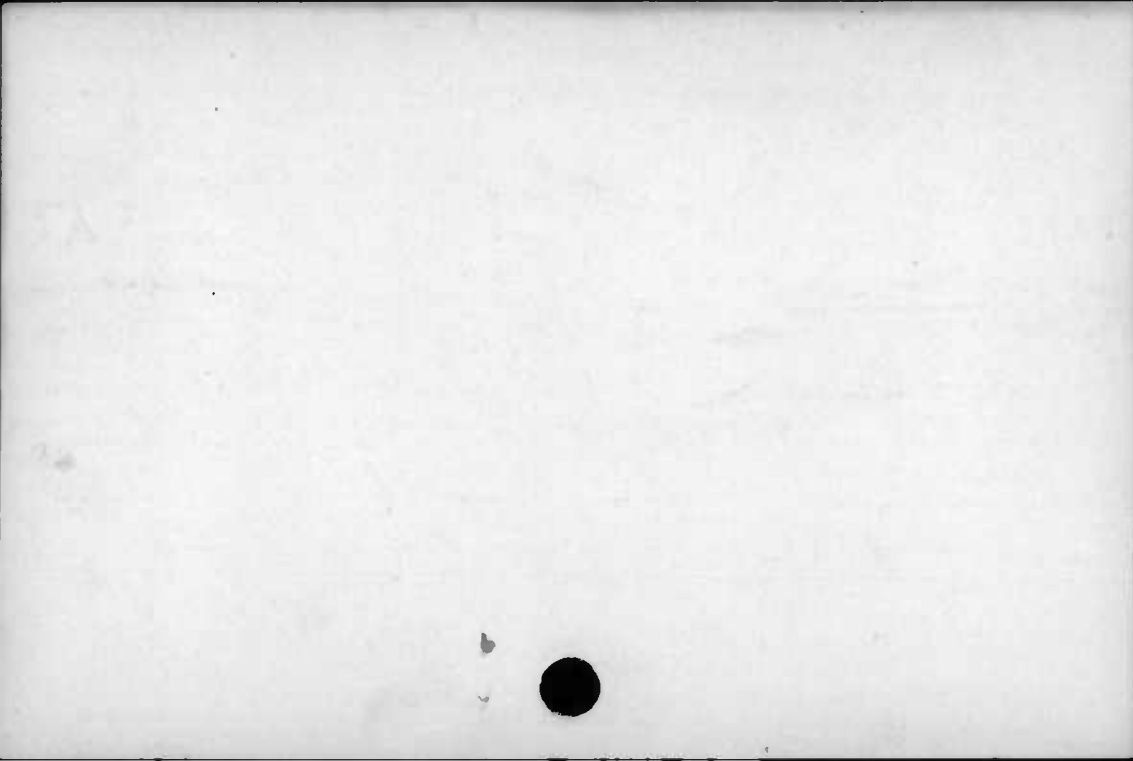
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

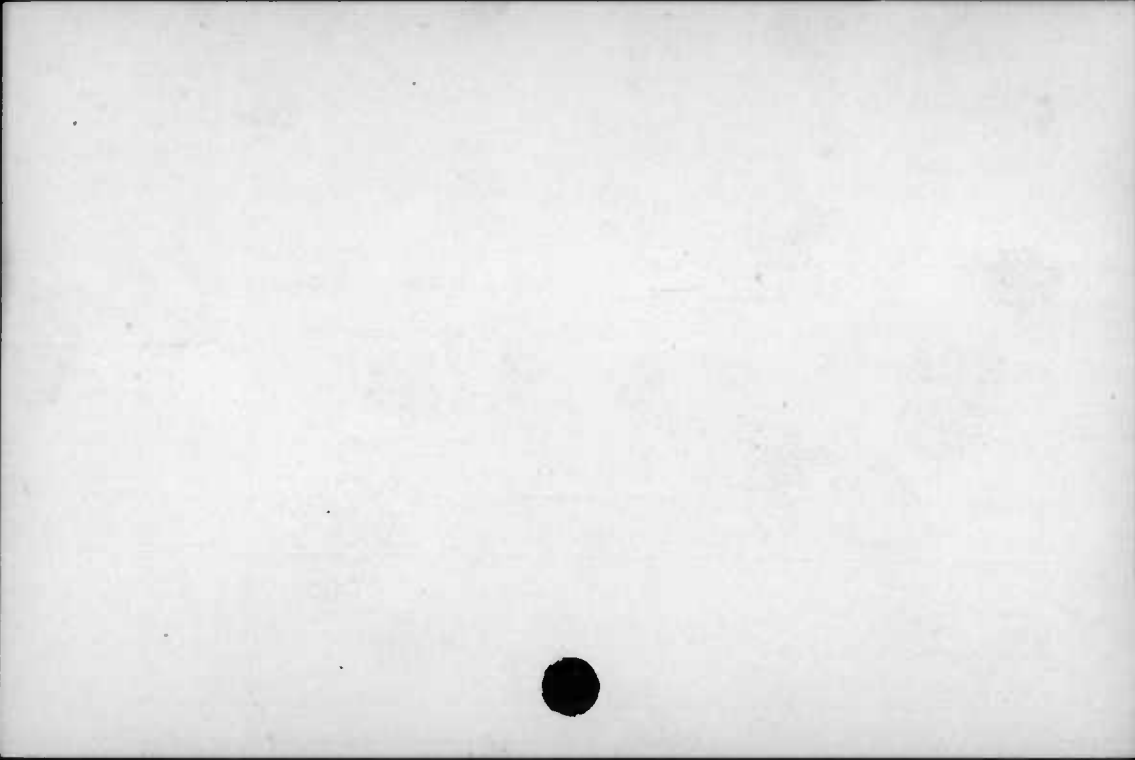
Address

Accident or Suicide?

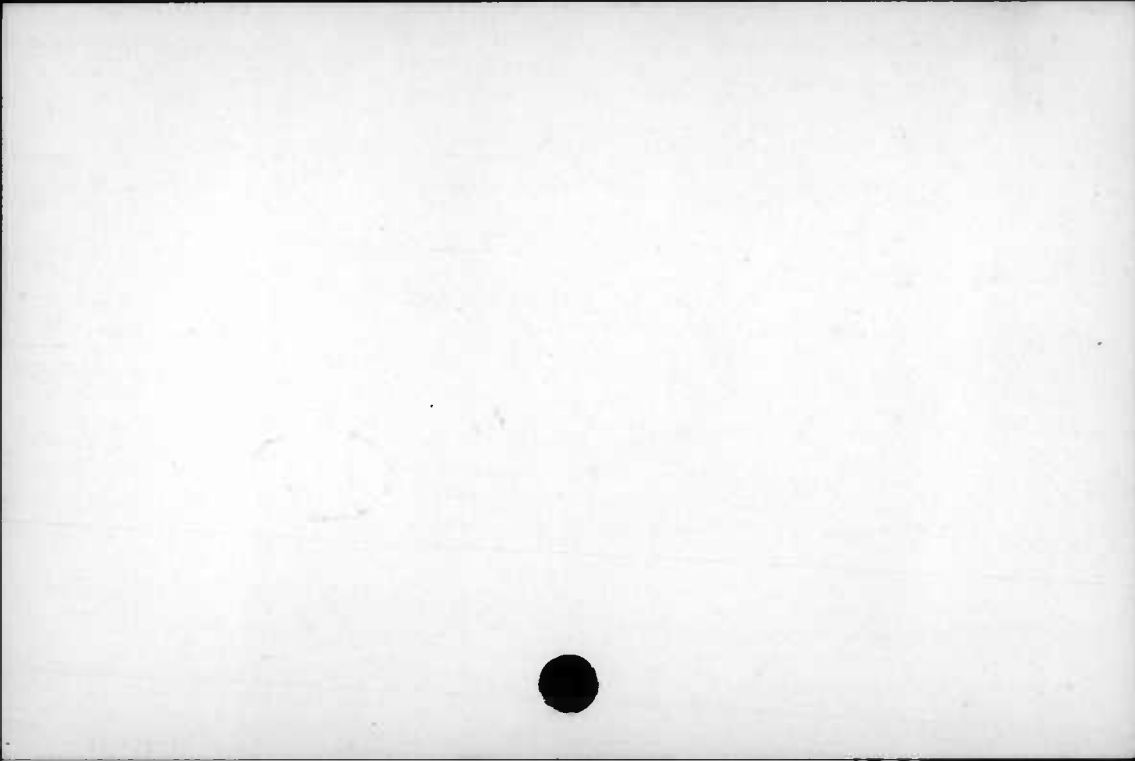
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Bowens</u>		County <u>Calvert</u>	
		Date of death <u>190</u> <u>June</u>		Age <u>4</u> <u>Days</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>	
		Occupation		Birth-place <u>Calvert Co</u>	
		Where Residing if not at place of death		" "	
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>J. O. & Arthur C. Buckmaster</u>	
		Father's Name <u>J. O. Buckmaster</u>		Father's Birthplace <u>Bowens Md</u>	
		Mother's Maiden Name <u>Arthur C. Stutskins</u>		Mother's Birthplace <u>" "</u>	
Name of person giving information <u>J. O. Buckmaster</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Unknown</u>		How long <u>—</u>	
		Immediate <u>Convulsions</u>		How long <u>2 hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Sub Reg. J. F. Lushy</u>	
		Address <u>Bowens Md</u>			
Accident or Suicide?					



Name in Full Nancy Gertrude Foorli		CERTIFICATE OF DEATH	
Died at Cherry Hill		County Calvert	
Date of death 1908 June 2		Age —	
Sex Female		Color or Race Colored	
Occupation none		Birth-place Calvert Co Md	
Married, Single or Widowed Single		Name of Wife or Husband —	
Father's Name Thomas J. Foorli		Father's Birthplace Calvert Co Md	
Mother's Maiden Name Maggie Curry		Mother's Birthplace Calvert Co Md	
Name of person giving information Thomas J Foorli		How related to deceased Father	
CAUSES OF DEATH			
Primary Diarrhea		How long 1 week	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. F. Chambers	
		Address Sub. Richmond Bldg H Lansby Calvert Co Md	
Accident or Suicide?			



Name
in
Full

Ella May Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bartow		County Calver		MARYLAND			
Date of death		1908	Month June	Day 12	Age —	Years —	Months 8	Days 2	
Sex	Female		Color or Race	white		Birth- place	Calverles		
Occupation	none			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband						
Father's Name			Hillie Gibson			Father's Birthplace			Calverles
Mother's Maiden Name			Emma Catterton			Mother's Birthplace			Calverles
Name of person giving In formation			Hillie Gibson			How related to deceased			Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro Enteritis	How long	2 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. M. King	
		Address	
		Bartow Md.	
Accident or Suicide?			

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JAN 20 2009

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Solomons</i> Town <i>Calvert</i> County		MARYLAND	
Date of death <i>1908</i> <i>June</i> Month <i>18</i> Day Age <i>—</i> Years		Months <i>8</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Solomons Md</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>William J. Harten</i>		Father's Birthplace <i>Solomons Md.</i>	
Mother's Maiden Name <i>Rose M. Hinson</i>		Mother's Birthplace <i>Kent Co. Md.</i>	
Name of person giving information <i>W. J. Harten</i>		How related to deceased <i>Father.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia.</i>	<i>92</i> How long <i>3 weeks.</i>
Immediate <i>Convulsions.</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Marsh,</i>
	Address <i>Solomons Md.</i>
<i>Accident or Suicide?</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mrs Elizabeth A. Higgins
Town County

MARYLAND

Died at

Channy

Calvert

Date

of death 1908

Month

June

Day

2

Years

69

Age

Months

8

Days

Sex

Female

Color or
Race

White

Birth-
place

Drum Pt. Calvert Co.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

James Higgins

Father's
Name

Washington Jones

Father's
Birthplace

St. George's Co. Md.

Mother's
Maiden Name

Elizabeth J. Meekins

Mother's
Birthplace

Dorchester Co. Md.

Name of person giving
In formation

Mrs Alice Miligan

How related
to deceased

Sister.

CAUSES OF DEATH

Primary

Paralysis

How long

How long

10 days.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thos. M. Channy M.D.

Address

Channy, Md.

Accident or Suicide?



Name
in
Full

Margaret Hutchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Calvert		MARYLAND	
Date of death	1908	Month June	Day 6	Age 76	Years	Months	Days
Sex	Female		Color or Race	white		Birth- place	Calvert
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband Thomas J. Hutchins			
Father's Name	John Robinson			Father's Birthplace Calvert			
Mother's Name	Debby Robinson			Mother's Birthplace Calvert			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Chronic Gastritis	How long	25 Yrs
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date
and place correctly given above? Yes

Signature of
Physician
J. M. King M.D.
Address
Baltimore Md.

Accident or Suicide?

100-100000

100-100000

100-100000

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name James E. Johnson County Calvert Maryland

Town Whitman

Died at Whitman

Date of death 1908 Month June Day 26 Age 1 Years 1 Months — Days —

Sex Female Color or Race Colored Birth-place Calvert

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Child Name of Wife or Husband —

Father's Name Levis Johnson Father's Birthplace Calvert

Mother's Maiden Name Mary Julia Browne Mother's Birthplace Calvert

Name of person giving information Sam Johnson How related to deceased Sister

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

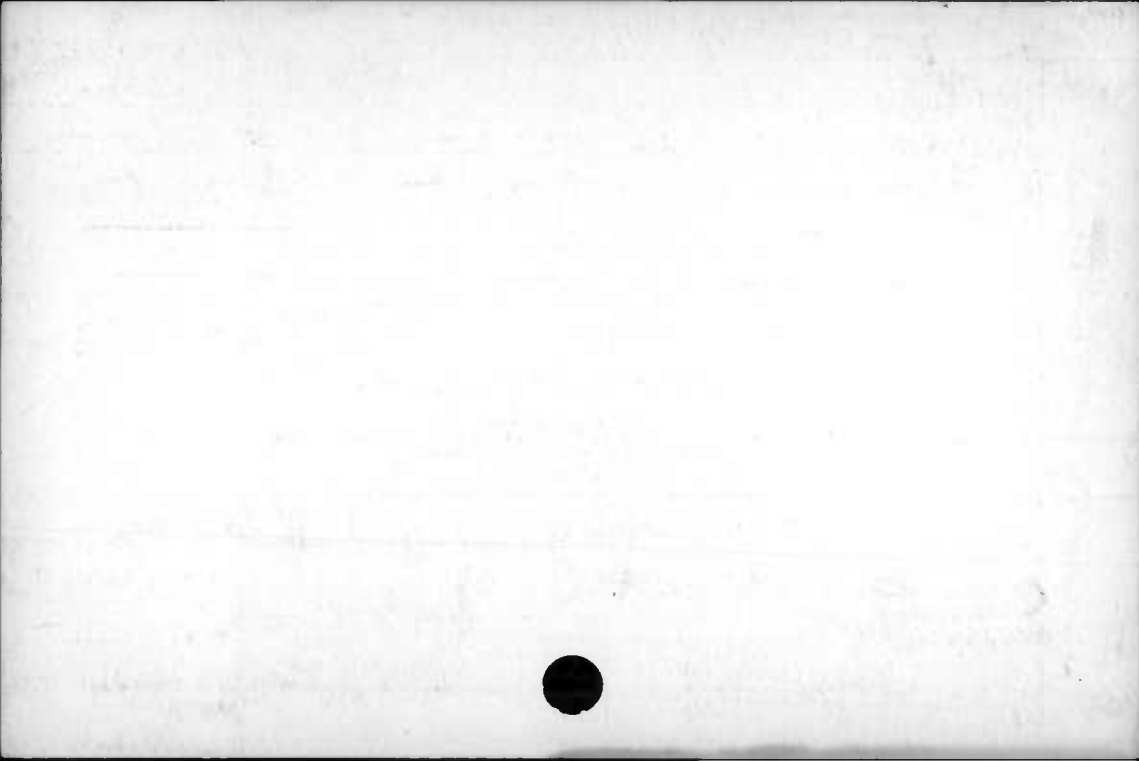
Primary acute Bronchitis How long 21 days

Immediate lung congestion How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. P. Busen Address North River

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anne Emma Muri

Died at June 23 ^{Town} Porters Island, ^{County} Calvert

MARYLAND

Date of death 1908 ^{Month} June ^{Day} 23 Age ^{Years} 74 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Somers County Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband None

Father's Name Simon C. Insular -

Father's Birthplace So -

Mother's Maiden Name Betty Alsine -

Mother's Birthplace Som -

Name of person giving information Mary Hopkins

How related to deceased Daughter

CAUSES OF DEATH

154

Primary Syphilis disease

How long 6 months

Immediate Inflammation

How long 1 week

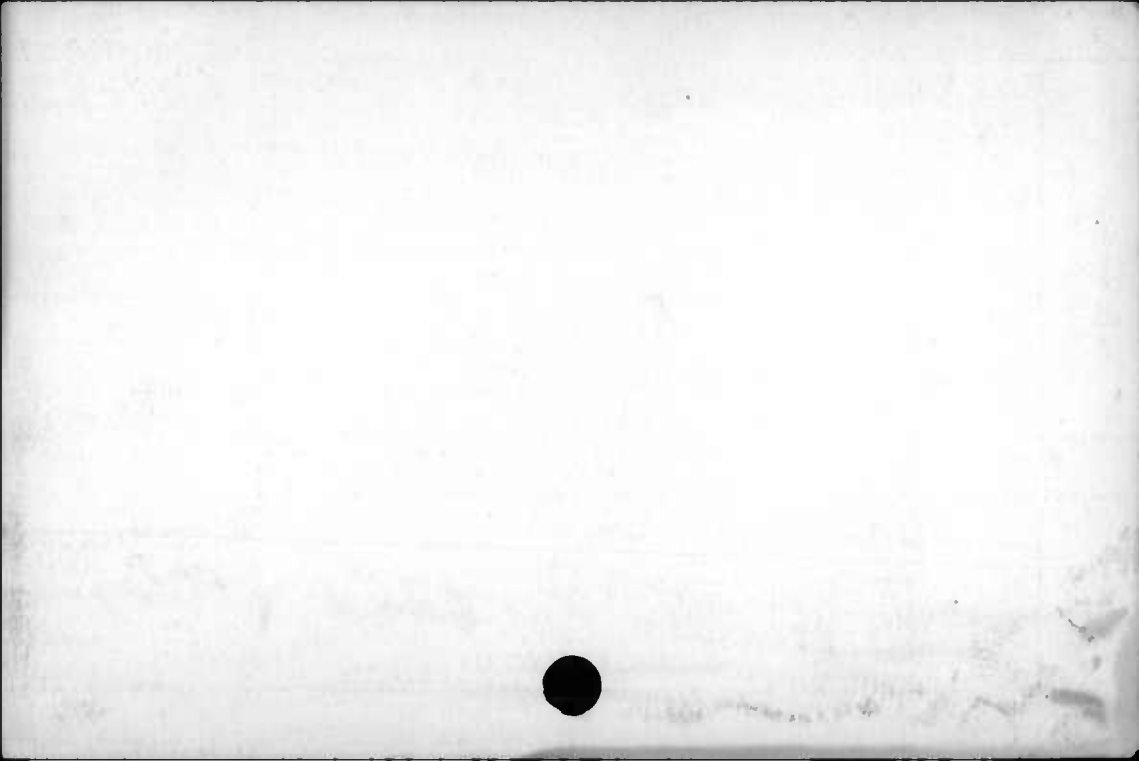
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sunderland</i>		County <i>Calvert</i>		MARYLAND	
Date of death	1908	Month <i>June</i>	Day <i>26</i>	Age	Years	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Baltimore</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Andrew Queen</i>				Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name <i>Effie Queen</i>				Mother's Birthplace " "			
Name of person giving information <i>Sampson Thomas</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Improper diet</i>	How long	
Immediate	<i>Cholera Infantum</i>	How long	<i>48 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Leitch</i>	
		Address <i>Huntingtown, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

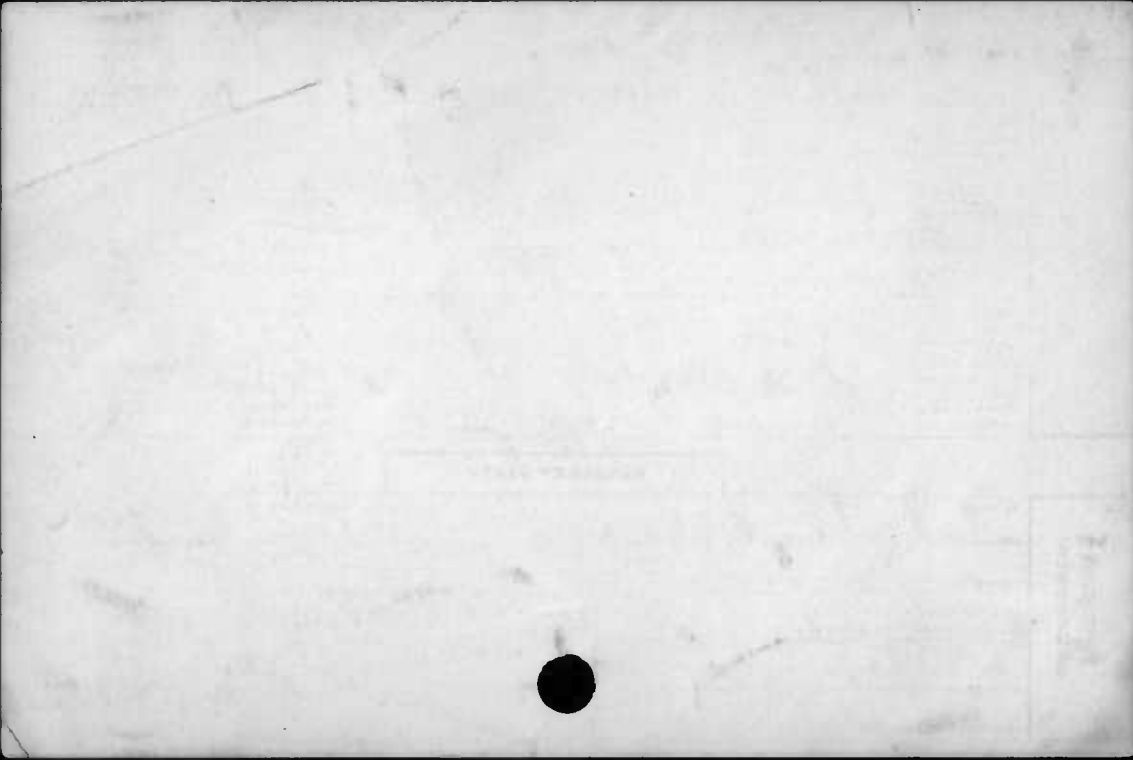
Died at <i>Mutual</i>		Town <i>Mutual</i>		County <i>Calvert</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>June</i>	Day	<i>2</i>	Age	<i>75</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place		<i>Calvert Co</i>	
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Geo. P. Rosa</i>	
Father's Name <i>Mr. Miller</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Ms. Mary Ann</i>				Mother's Birthplace			
Name of person giving information <i>Geo. P. Rosa</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>10 years</i>
Immediate	<i>Inanition</i>	How long	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Parsons</i>	
<i>Yes</i>		Address <i>Mutual MD</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Weems
Cherry Hill Calvert

Town

County

MARYLAND

Date

of death

90 8 June 10

Month

Day

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Calvert Co Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Richard Weems

Father's
Birthplace

Calvert Co Md

Mother's
Maiden Name

Mary Howard

Mother's
Birthplace

Calvert Co Md

Name of person giving
Information

Richard Weems

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still born

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

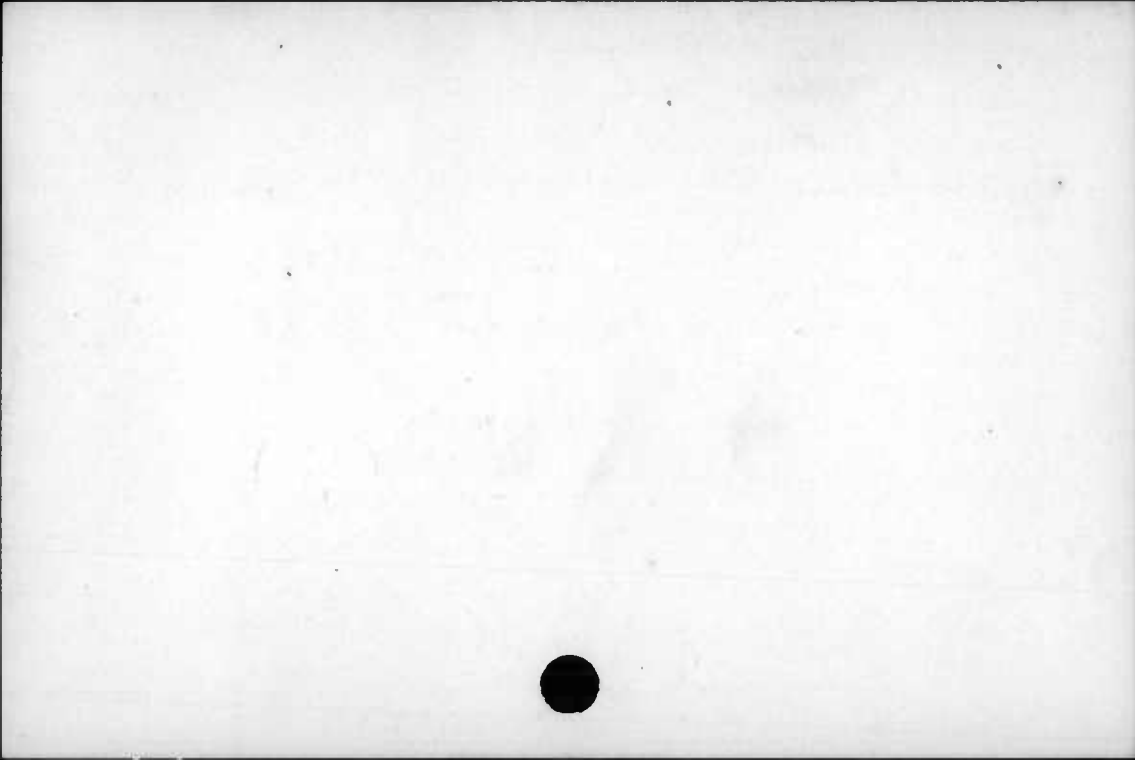
Yes

Signature of
Physician

Dr. F. Chambers

Address

Sub. registered B 74
Lucy Calvert Co Md~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH	
John James		Weems				Calvert		MARYLAND	
Died at		Boston				Age		Months Days	
Date of death		1908		June		26		4 hours	
Sex		Female		Color or Race		white		Birth-place	
Occupation				Where Residing if not at place of death				Maryland	
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		Thomas J. Weems				Father's Birthplace		Maryland	
Mother's Maiden Name		Elsie L. Jones				Mother's Birthplace		"	
Name of person giving information						How related to deceased			
		CAUSES OF DEATH				151			
Primary						How long			
Immediate		Heart Failure				How long		4 hours	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		D. Estep Paddy	
						Address		Parran, Ind.	
								Calvert, Md.	
Accident or Suicide?									

